

**Notice Of Intent (NOI) To Operate
Under NPDES General Permit #IDG-130000 for
AQUACULTURE FACILITIES in Idaho Subject to Wasteload Allocations**

Submission of this document constitutes notice that the party identified under Operator Name intends to be covered by the general permit authorizing discharges from aquaculture activities in Idaho that are subject to wasteload allocations and obligates the operator (permittee) to comply with the terms and conditions of the permit.

Facility Owner/Operator Information

Operator's Name (Permittee): ARK Fisheries, Inc.	Phone: 208-837-4860
Address: 1107 E. 2900 S. Hagerman, Id. 83332	Fax: None
	E-Mail Address: arkfisheries@yahoo.com
Owner's Name: Lynn & Kathy Babington	Phone: 208-837-4860
Address: 1107 E. 2900 S. Hagerman, Id 83332	Fax: None
	E-Mail Address: arkfisheries@yahoo.com

Facility Information

Facility Name: Irish	Phone: None
Address: 4060 N. 1200 E. Buhl, Id 83316	Fax: None
	E-Mail Address: None
	County: Twin Falls
Facility Manager (or Contact) and Address: Same as owner above	Phone:
	Fax:
	E-Mail:
Facility Latitude (New Permittees Only): (to closest 15 seconds): N/A	Facility Longitude (New Permittees Only) (to the closest 15 seconds): N/A
NPDES Permit No: IDG130102	Commercial Fish Rearing License Number: (include a copy of the license with this notice) 56
Other Numbers(s) Assigned to Facility & Source Waters: IDWR Water Right No: 47-7018	Date Facility was first operated, if known: Not known

Operations & Production Information**Rearing Units:**Number of concrete raceways: 5 area: 2200 ft² (approx.)Number of earthen-bottomed ponds: -0- area: -**Waste Management System:****Offline settling basins:**Number of basins that discharge: NA area: -Number of basins that do not discharge: NA area: -Number of full flow settling basins 1 area: 4000 ft² approx.Number of quiescent zones: 5**Other:**Number of laboratory outfalls: NoneNumber of other outfalls (explain): None**Total Number of Outfalls:**Raceways: 0FFSBs: 1OLSBs: 0Other: 0**Project the number of operating days for the facility on a monthly basis throughout the calendar year:**

Month	01	02	03	04	05	06	07	08	09	10	11	12
# of Days	31	29	31	30	31	30	31	31	30	31	30	31

Amount of Fish Produced

List the species of fish produced at your facility. For each species, include projected yearly gross harvestable weight in pounds produced (contained, grown, or held) for the five year term of the permit, based upon historical operations, planned changes, and/or design capacity.

Species:	Year One	Year Two	Year Three	Year Four	Year Five
Trout	60,000	60,000	60,000	60,000	60,000
Sturgeon	60,000	60,000	60,000	60,000	60,000

Project the Feed Usage in next 5 years (in pounds)Average Pounds per Month: 3,500 Average Pounds per Year: 42,000Maximum Pounds per Month: 4,500 Maximum Pounds per Year 42,000**Drugs, Disinfectants & Other Chemicals**

List all projected chemicals & maximum daily amounts expected to be used in next 5 years (use an attachment, if necessary).

Put an asterisk (*) next to those that are Investigational New Animal Drugs (INADs)

Name: NoneMaximum daily amount to be used: _____ **Units**

Method of application: _____ Maximum amount in effluent _____

Name: _____

Maximum daily amount to be used: _____

Method of application: _____ Maximum amount in effluent _____

Name: _____

Maximum daily amount to be used: _____

Method of application: _____ Maximum amount in effluent _____

Name: _____

Maximum daily amount to be used: _____

Method of application: _____ Maximum amount in effluent _____

Description of Discharge

Provide a drawing of your operation on the back of this sheet, or attach a separate sheet.
Show all outfalls & monitoring locations.

Include all waste stream discharges (e.g. tailraces, settling basins, fish tagging operations, laboratories, leaks)

Attach map

Include an area map based upon a map of the US Geologic Survey (USGS) with a scale of at least 1:24,000.
Show water sources, points of influent to and discharge from the facility.
Water sources should include water right numbers.

Name(s) of Receiving Water to which Facility Discharges: Mud Creek

Which TMDL or watershed plan provides your wasteload allocation? Mid Snake

What is the pollutant(s) allocated? TSS, TP And amount(s) allocated? TSS = 87.5 #/day units
T.P. = 1.2 #/day (Maximums)

Name of Larger Stream/River Downstream: Snake River

Water Sources & Flow through the Facility & Time Period

For each source, indicate minimum & maximum flow and the period in which that source contributes the flow
(e.g., 12 cfs minimum, & 15 cfs maximum between June 15 & September 30 in a typical year from True Springs)

Primary Source:	Min Flow:	Max Flow:	Period:
<u>Seep Tunnel</u>	<u>.9 cfs April</u>	<u>2.4 cfs Oct.</u>	
Secondary Source:	Min Flow:	Max Flow:	Period:
<u>None</u>	<u>-</u>	<u>-</u>	<u>-</u>

Signature & Certification by authorized representative for permittee (see Section VII E of the Permit):

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure the qualified personnel properly gather and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Signature:

Title/Company:

President/ ARK Fisheries

Print Name:

Date:

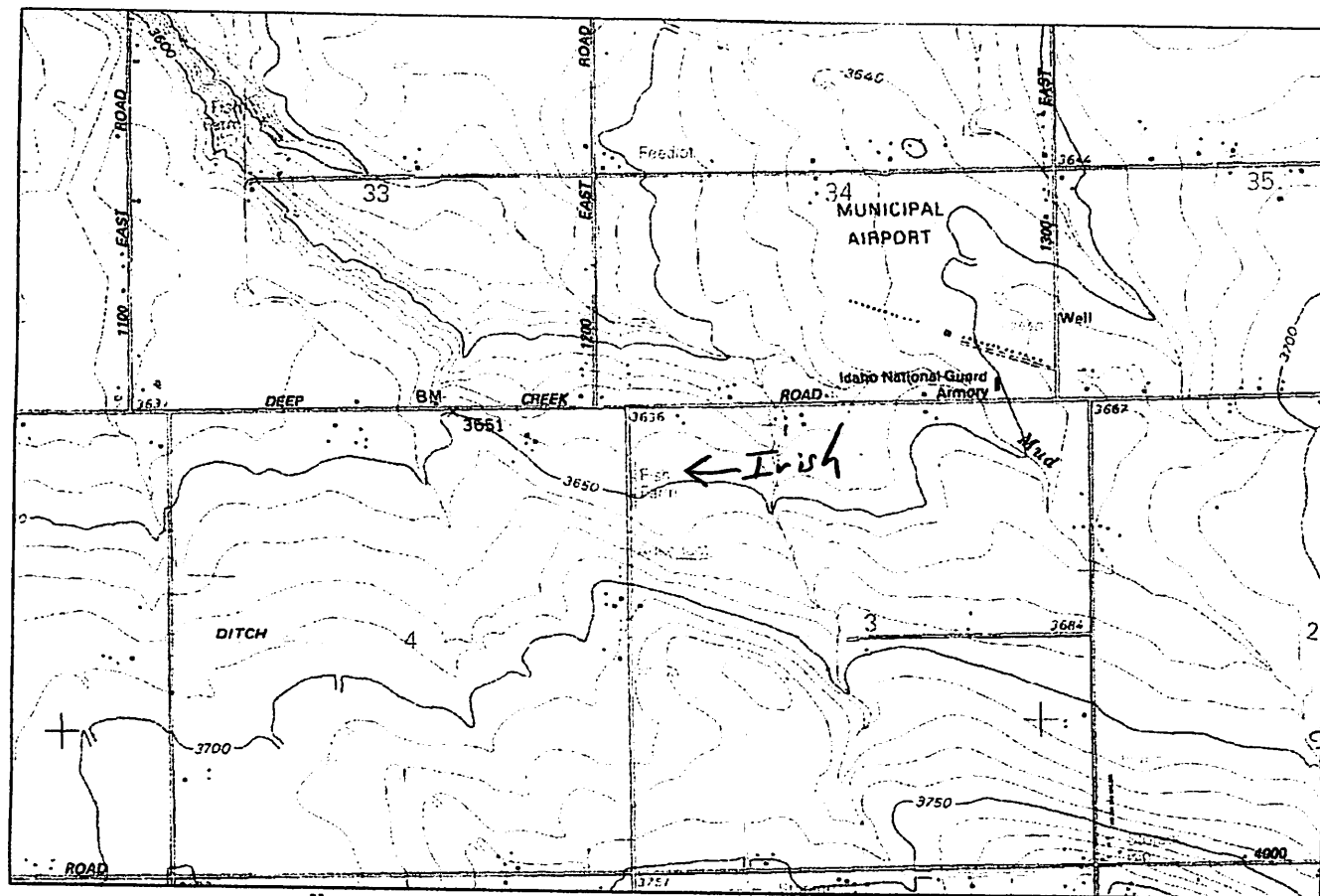
Check One:

Owner X

Operator

Lynn Babington

2/3/18



0 0.5 MI
0 3000 Ft

Map provided by MyTopo.com

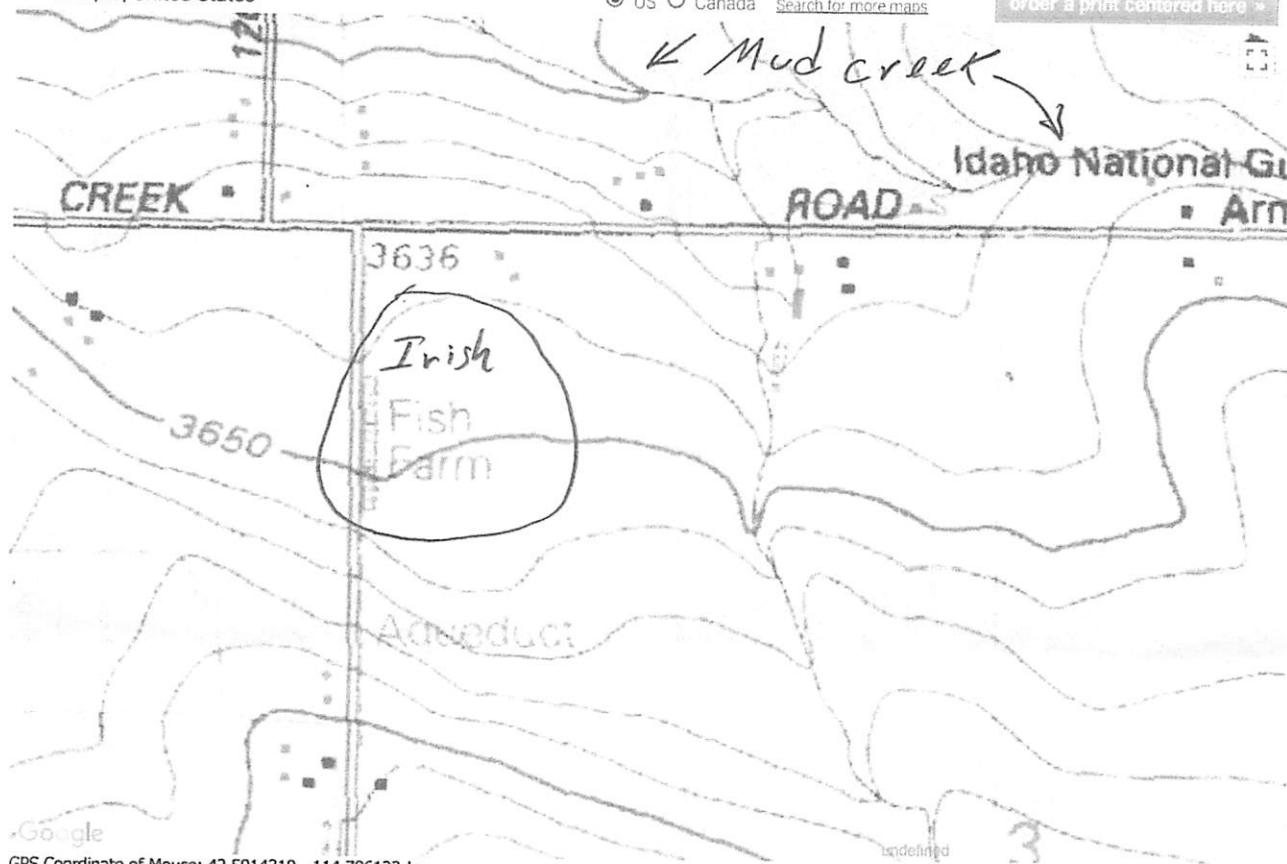


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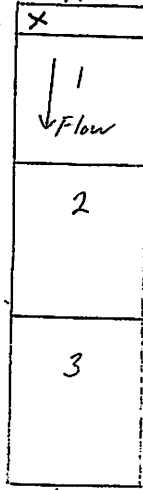
Feed
shed

pipe
from
seep

↑
South

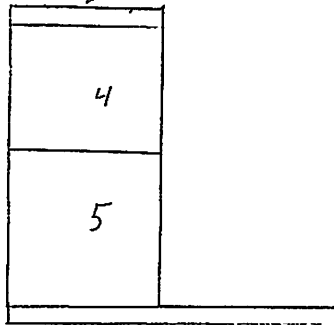
Irish

inflow
sampling



Bulk
Bin

Flow



N. 1200 E.

← approx. 4000 ft²

Full
Flow
Settling Pond



North
↓

effluent sampling

→ To mudcreek

Feed
shed

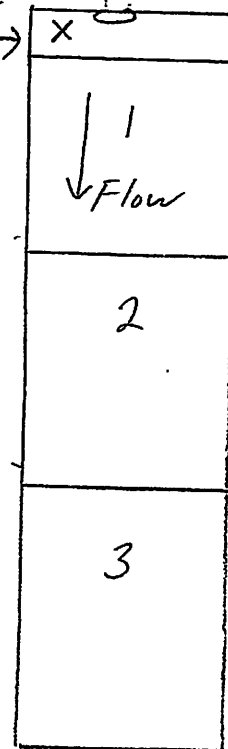
Irish

in fluent
monitoring →

(3) e 50' x 8' x 4'

aprox. 400 ft² / Pond

1200 ft²



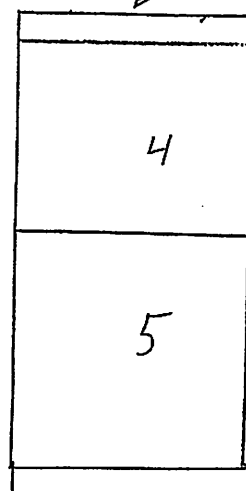
Bulk
Bin

Flow

(2) e 50' x 10' x 4'

500 ft² / Pond

1000 ft²



Full Flow
settling Pond

effluent
monitoring

N. 1200 E.

LYNN AND KATHY BABINGTON
1107 EST 2900 SOUTH
HAGERMAN, ID 83332



State of Idaho
Department of Agriculture
Boise, Idaho

Issued: January 17, 2018

Issued By: DEBRA LAWRENCE, DVM

LICENSE# 56

Commercial Fish Rearing License

THIS IS TO CERTIFY that LYNN AND KATHY BABINGTON acting as an agent for IRISH PONDS is licensed in accordance with the provisions of Title 22, Chapter 46, Idaho Code.

AUTHORITY is hereby given and granted unto said licensee to engage in the said business within the State of Idaho, provided that said licensee shall fully comply with the provisions of the laws of this State.

Licensee is hereby permitted to possess, reserve, or propagate fish for the purpose of selling same on property located in: County: Twin Falls State of Idaho.

This License shall be valid only for the following species of fish:

STURGEON-WHITE SNAKE, TROUT-RAINBOW



This license expires on the 1st day of February, 2020

A handwritten signature in cursive script, reading "Celia R. Gould".

Celia R. Gould - Director of Agriculture

LYNN BABINGTON
1107 E 2900 S
HAGERMAN, ID 83332

ISSUED: January 25, 2016
ISSUED BY: DEBRA LAWRECE, DVM



State of Idaho
Department of Agriculture
Boise, Idaho
LICENSE # 56

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laws of this State.

Licensee is hereby permitted to possess, reserve, or propagate fish for the purpose of selling
same on property located in: County: TWIN FALLS Twp. 10S, Rge. 14E, Sec. 03, State of Idaho

This License shall be valid only for the following species of fish:

RAINBOW TROUT

STURGEON - WHITE



This license expires on the 1st day of February, 2018

Celia R. Gould

Celia R. Gould - Director of Agriculture